

# Spring Green Recreation Program Registration Form - 2010

## (One child per registration form)

Child's Name \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Special Considerations (Allergies, Medications, etc.)

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Session Number

Afternoon/Morning/Both

Cost

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**TOTAL COST** \_\_\_\_\_

**Please Make Checks Payable to: Village of Spring Green**

Mail or Drop off Registration at: Village of Spring Green  
PO Box 158  
154 N. Lexington St.  
Spring Green, WI 53588

**Waiver of Liability: Please read carefully before signing.**

I, the undersigned parent or guardian, waive all rights to hold the Village of Spring Green, the Parks and Recreation Department of the Village of Spring Green, its directors, officials, and employees responsible for any injuries sustained by any member of my family, or anyone under my guardianship participating in the Spring Green Recreation Program during the year of 2010. This waiver shall be binding on any program organized by the above-mentioned department or committee.

Parent/Guardian Name (please print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_